

CLAIMS ONLY							Application Number		Filing Date			
							Applicant(s)					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	
1	/											
2		/					51					
3		/					52					
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46							95					
47							96					
48							97					
49							98					
50							99					
Total Indep	2						100					
Total Depend	7						Total Indep					
Total Claims	7						Total Depend					
							Total Claims					

7/2